



January 22, 2015

Webster Bank, N.A.  
609 West Johnson Ave  
Cheshire, CT 06410  
[WebsterBank.com](http://WebsterBank.com)

John E Broccoli  
23 Marigold Cir  
Providence, RI 02904

Reference Loan: Webster Bank, N.A. Loan No. 0160069690

NOTICE OF DEFAULT AND OF MORTGAGEE'S RIGHT TO FORECLOSE

Dear Borrower(s):

We are attempting to collect a debt from you and any information we obtain may be used for that purpose.

The above referenced loan is currently in default for the payments due since July 01, 2013. The total arrearage as of the date of this letter (which may include tax and insurance advances, as well as accrued fees and expenses) is \$ 33,438.80 (the "Default Balance").

Additionally, you are also required to make all future monthly and other payments to Webster Bank, N.A. (the "Bank") that are not included in this Default Balance figure, as provided in your loan and mortgage documents. Failure to timely cure the default by paying the Default Balance figure set out above and to make such additional required payments within forty-five (45) days of the date of the providing of this notice to you will result in the entire amount of the loan obligation being accelerated and being due and owing in full immediately after the 45-day period automatically and without further notice being provided to you. At that point, the Bank or its successors or assigns shall have the right to foreclose on its mortgage on the property identified above, which secures the referenced loan obligation. Failure to adhere to these requirements may result in your account being forwarded to our attorney in order to commence such a foreclosure action.

After acceleration of the entire amount of the loan obligation, you have the right to reinstate the loan obligation only by complying with the specific requirements that may be set forth in the loan and/or mortgage, which may require that you pay to us all sums that are then due plus our attorney's fees and other reasonable costs of proceedings which have been incurred to the date of such payment. You have the right to bring a court action, or to raise a defense in any foreclosure action, to assert the non-existence of a default, or to raise any other defenses to the acceleration of the loan obligation or foreclosure on the mortgage.



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Please be advised that neither the Bank's receipt nor its acceptance of payments over the specified 45-day period shall be deemed to have waived its right to accelerate the loan obligation and foreclose if such payments are not sufficient to have timely cured the existing Default Balance in full and to have fully paid such additional monthly and other payment obligations owing under the loan documents, including those arising over such 45-day period. Please be further advised that unless your loan and/or mortgage documents or applicable law provide otherwise, the Bank fully reserves the right to apply any such partial or otherwise collectively insufficient payments made over such 45-day period to the balance of the loan obligation without waiver of its right to accelerate the loan obligation and to foreclose on its mortgage.

Please be advised that you may be eligible for counseling through the United States Department of Housing and Urban Development ("HUD") approved mortgage counseling agencies. Counseling services information is provided to you, in both English and Spanish, in the enclosed Notice of Availability of Mortgage Counseling Services.

If and to the extent that your obligation has been discharged or is subject to the automatic stay in a bankruptcy case, this notice, which is required under your loan and/or mortgage documents and applicable law, is for informational purposes only and does not constitute a demand for payment or an attempt to collect indebtedness as your personal obligation. If you are represented by an attorney, please provide us with the attorney's name, address and phone number.

FAILURE TO RESPOND TO THIS LETTER MAY RESULT IN THE LOSS OF YOUR PROPERTY AND MAY ALSO LEAVE YOU SUBJECT TO A DEFICIENCY JUDGMENT.

Your prompt attention to this matter is now required.

Sincerely,

A handwritten signature in blue ink that reads 'Delia Martinez'.

DELIA MARTINEZ  
COLLECTIONS REPRESENTATIVE  
1-800-270-5300 Ext. 37258  
Eastern Time

Enclosure (RI Form 24-27-3.1 in both English and Spanish)  
CO054

- SENDER: COMPLETE THIS SIDE NOW
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
  - Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

John E. Broccoli  
23 Mangold Cir  
Providence, RI  
02904  
20m ch450

## 2. Article Number

(Transfer from service label)

7012 2210 0001 7091 2199

PS Form 3811, July 2013

Domestic Return Receipt

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL™**



7012 2210 0001 7091 2199  
7012 2210 0001 7091 2199

U.S. Postal Service™

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

Postage \$

Certified Fee

3.30

Return Receipt Fee  
(Endorsement Required)

2.70

Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

20m ch450

Sent To

John E. Broccoli

Street, Apt. No.,  
or PO Box No.

23 Mangold Cir

City, State, ZIP+4

Providence, RI 02904

PS Form 3800, August 2006

See Reverse for Instructions



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Sincerely,

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DELIA MARTINEZ  
COLLECTIONS REPRESENTATIVE  
1-800-270-5300 Ext. 37258  
Eastern Time

Enclosure (RI Form 24-27-3.1 in both English and Spanish)  
CO054



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John E. Broccoli  
 23 Marigold Cir Unit 23  
 North Providence, RI 02904

20mch450

2. Article Number

(Transfer from service label)

7012 2210 0001 7091 2120

PS Form 3811, July 2013

Domestic Return Receipt

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage

\$

Certified Fee

3.30

Return Receipt Fee  
(Endorsement Required)

2.20

Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees

\$

Postmark  
Here

20mch450

Sent To

John E. Broccoli

Street, Apt. No.,

or PO Box No.

City, State, ZIP+4

North Providence, RI 02904

PS Form 3800, August 2006

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS; FOLD AT DOTTED LINE  
 CERTIFIED MAIL™



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20mch450  
**ebster**Bank

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 West Johnson Ave.  
 hshire, CT 06410

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 North Providence, RI 02904